

JW

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date set forth below as First Class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Signature and Deposit: Dec. ~~21~~ 2005

Zhibin Ren
Zhibin Ren

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. Serial No.: 10/636,109

Group Art Unit: 1617

Filing Date: August 7, 2003

Examiner: Clardy, S. Mark

Applicants: Rowley, Keith et al.

Attorney Docket No.: 700798.90116

Title: USE OF CERTAIN N-ACYLETHANOLAMINES TO ACHIEVE ETHYLENE- AND CYTOKININ-LIKE EFFECTS IN PLANTS AND FUNGI

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is a completed Information Disclosure Statement by Applicants listing two documents from the PCT International Search Report (mailed May 18, 2004) that Applicants in the above-identified application wish to bring to the attention of the Examiner for consideration in connection with the examination on the merits of this application.

The statement is filed before the mailing date of any final action or notice of allowance under 37 CFR §1.97 (c) and is accompanied by the fee set forth in §1.17(p). Please charge any additional fees required to Deposit Account No. 17-0055.

Respectfully submitted,

Zhibin Ren
Zhibin Ren
Reg. No. 47,897
Attorney for Applicants
QUARLES & BRADY LLP
411 East Wisconsin Ave.
Milwaukee, WI 53202
TEL 414-277-5633
FAX 414-277-3552

12/30/2005 MBERHE 00000025 170055 10636109
01 FC:1806 180.00 DA

QBMKE\700798.90116\5830778.1

Effective 01/01/2005

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

Application Number	10/636,109
Filing Date	August 7, 2003
First Named Inventor	Rowley, Keith et al.
Examiner Name	Clardy, S. Mark
Art Unit	1617
Attorney Docket No.	700798.90116

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 17-0055 Deposit Account Name: Quarles & Brady LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

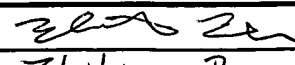
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Supplemental IDS submitted after first office action (1.17p)

180.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,897	Telephone	414-277-5633
Name (Print/Type)	Ehibin Ren	Date	12/22/2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Doc. No.

